

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10	1					
11		2				
12		2				
13		2				
14		2				
15	1					
16		1				
17	1					
18		1				
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46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	17					
TOTAL CLAIMS	22					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								